

City of Wyoming

COVID Water/Sewer Utility Relief Program Application

APPLICANT INFORMATION

Last Name:		First Name:		M.I.:
Address w/Apt. (if applicable):		City:	Zip:	
Primary Phone: ()	Alt. Phone: ()	E-Mail:		

Date of Birth:			Household Size:		Annual Household Income:		
Race: (check all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Amer. Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Multiracial/Other	
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	Head of Household: (check all that apply)		<input type="checkbox"/> Female	<input type="checkbox"/> Disabled	<input type="checkbox"/> Elderly

Data Privacy: Income, other financial information, names and ages of household members, birthdates, driver's license or photo ID, and other personal information is private information obtained to determine eligibility and will not be available to the public. Race, ethnicity, gender, and certain other information is gathered for statistical purposes only and will not affect eligibility determinations.

INCOME INFORMATION

INCOME DATA -Enter all regular gross (before taxes or other deductions such as medical insurance) monthly income, for every person living in the household, in the appropriate columns below. Income includes wages, Social Security, Disability, Social Security Income, Pensions, Veterans Administration benefits, Worker's Compensation, Michigan Department of Health and Human Services funds, child support, alimony, unemployment, self-employment, and any other regular payments received by the household.

INCOME					
Family Members	*Monthly Gross Wages	Monthly Gross Benefits & Pensions	Monthly Public Assistance	Other Monthly Income i.e.; child support, alimony, unemployment, etc.	
				Amount	Specify
Applicant					
Co-Applicant					
Person 3					
Person 4					
Person 5					
Person 6					
Monthly Totals	a.	b.	c.	d.	
Total Monthly Income (add a, b, c and d, then enter the result in e)				e.	
Total Annual Income (multiply e by 12 and enter result in f)				f.	

*Income is calculated annually for qualification purposes.

To calculate if you are paid with an hourly wage: Hourly wage x Number of hours x 52 divided by 12

To calculate if you are paid weekly: Weekly pay x 52 divided by 12

To calculate if you are paid biweekly: Bi-weekly pay x 26 divided by 12

SAVINGS, INVESTMENTS & ASSETS: Enter all liquid assets such as checking, savings, cash on hand and on any pre-paid benefit cards for all household members.

Type	Amount	Name of Institution
Checking Account		
Savings Account		
Pre-paid Benefit Card/Cash/Other		

As a result of the COVID-19 pandemic, please select each item that applies to the change in household's financial situation:
(ex., lost employment, reduced income either temporarily or permanently, etc.)

<input type="checkbox"/>	Loss of Employment (temporary)	<input type="checkbox"/>	Loss of Child Care	<input type="checkbox"/>	Increased Utility Costs (due to Stay at Home Order)
<input type="checkbox"/>	Loss of Employment (permanent)	<input type="checkbox"/>	Reduced wages due to lack of work	<input type="checkbox"/>	Reduced Child Support
<input type="checkbox"/>	Other: (Please describe)				

Employer/

Former Employer Name: _____ **Address:** _____

INCOME ELIGIBILITY:

Applicants are qualified by the maximum income category listed below based on the household size. Maximum gross household income

2020-2021 HUD Low to Moderate Income Guidelines for the Grand Rapids-Wyoming, MI Area								
Number in Household	1	2	3	4	5	6	7	8
80% AMI	\$44,950	\$51,350	\$57,750	\$64,150	\$69,300	\$74,450	\$79,550	\$84,700

APPLICANT ACKNOWLEDGEMENTS

Penalty for False or Fraudulent Statements:

Because funds for this program are provided by a federal agency, false statements on this form may be a federal offense punishable by fines and/or imprisonment.

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1. I/We understand that verification of the information provided in this application may be obtained from any source.
2. I/We understand, if I/we provide false information or fail to disclose full information as to any material fact/s, that this application may be rejected, may be terminated, and the I/we may be liable in a civil action or other legal remedy at the option of the City of Wyoming.
3. I/We understand making a false statement on this form may be a federal crime punishable by fines, imprisonment or both.
4. I/We certify that all information in this application is true and complete to the best of my/our knowledge and belief.
5. I/We certify that I/we occupy the address listed within this application.
6. I/We understand that the funds will be awarded as a grant.
7. I/We certify that we will not receive duplication of benefits from another agency.

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
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RETURN APPLICATION, WITH SUPPORTING DOCUMENTATION TO:

ATTN: COVID Utilities Assistance Program, Community Development Office, 1155 28th St SW, Wyoming, MI 49509; place in the drop box in north parking area of City Hall, or scan and email to CDBG_info@wyomingmi.gov.

Please make sure copies of the following items are included with the application: (DO NOT Send originals)

- State of Michigan Drivers License or Photo ID (address must match the water/sewer utility bill)
- Most recent water/sewer utility bills
- Most recent bank statements

Applications will be reviewed on a first-come, first-qualified, first-served basis, with a maximum award of \$2,500. Applications will be accepted until the grant funds are exhausted or the City determines that grant funds are not necessary to mitigate the effects of the COVID-19 pandemic. Eligibility information is available by calling 616-261-7145 or email CDBG_info@wyomingmi.gov.

Date/Time Application Received:	Staff Initials:		Date/Time Application Confirmed Complete:	Staff Initials:
Approved Date:	Client No.:	Staff Initials:	Denied Date:	Client No.:
Disqualifier:				